## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

P24425

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                     |                                |                     |                  |        | SMALL ENTITY TYPE O                     |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|--|---|-------------------------------------|--------------------------------|---------------------|------------------|--------|---|------------------------|----|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | Q                                   |                                |                     | -                |        | RATE                                    | FEE                    |    | RATE                          | FEE                    |  |
| FOR .   |  |   | NUMBER FILED                        |                                | NUMBER EXTRA        |                  |        | BASIC FEE                               | 385.00                 | OR | BASIC FEE                     | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 9 minus 20=                         |                                | * 0                 |                  |        | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =                         |                                | * Ø                 |                  |        | X43=                                    |                        | OR | X86=                          |                        |  |
| ΜU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                              |                                |                     |                  |        | +145=                                   |                        | OR | +290=                         |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than ze                        | ro, enter                      | "0" in c            | olumn 2          |        | TOTAL                                   |                        | OR | TOTAL                         | 770                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                     |                                |                     |                  |        | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                               |                        |  |
| (Column 1)  |  |   | (Colun                              |                                |                     | (Column 3)       | SMALLE |   |                        | OR | SMALL                         |                        |  |
| - AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE | :  | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                               | **                             |                     | =                |        | X\$ 9=                                  | ١                      | OR | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus                               |                                |                     | =                |        | X43=                                    |                        | OR | X86=                          |                        |  |
|   | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF                         | ENDEN                          | CLAIM               |                  |        | +145=                                   |                        | OR | +290=                         |                        |  |
| 1   |  |   |                                     |                                |                     |                  |        | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                                     |                                |                     |                  |        | ADDII. FEE                              |                        |    | ADDII. 1 EE (                 |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                               | **                             |                     | =                |        | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus ***  ON OF MULTIPLE DEPENDENT |                                | · CLAIM             | =                |        | X43=                                    |                        | OR | X86=                          |                        |  |
|   | FIRST PRESE                                    | NTATION OF MC                             | DETIPLE DEF                         | ENDENT                         | CLAIM               | <u> </u>         | ' [    | +145=                                   |                        | OR | +290=                         |                        |  |
|   |  |   |                                     |                                |                     |                  |        | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                                     |                                |                     |                  |        |   |                        |    |                               |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                   | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |        | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                               | **                             |                     | = .              |        | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus                               | ***                            |                     | =                |        | X43=                                    |                        | OR | X86=                          |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                                |                     |                  |        | +145=                                   |                        | OR | +290=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                     |                                |                     |                  |        |   |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
| ***   | If the "Highest Nu                             | mber Previously Pa<br>ber Previously Pai  | aid For" IN THI                     | S SPACE i                      | s less tha          | n 3, enter "3."  | •      |   | ropriate box           |    |                               |                        |  |